

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/674402	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4	①					
5	1					
6	1					
7		2				
8	①					
9	1					
10	1					
11		2				
12	①					
13	⑥					
14	⑥					
15	①					
16	①					
17	1					
18	1					
19	1					
20	1					
21	1					
22	3					
23	①					
24						
25						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	24	↓	↓	↓	↓	↓
TOTAL CLAIMS	28					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
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87			1					
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90								
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92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.			↓			↓		↓
TOTAL DEP.			↓			↓		↓
TOTAL CLAIMS								